STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013677	A. BUILDING: _____ B. WING _____	R-C 02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTS OF HOME MENOMONIE CBRF	2211 WHITE PINE LANE MENOMONIE, WI 54751

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{N 000}	Initial Comments On 02/10/2026, Surveyor conducted a standard licensure survey and a verification visit at Comforts of Home Menomonie CBRF. Five deficiencies were identified. One of 5 was a repeat deficiency. See Statement of Deficiencies (SOD) D7F011, dated 12/04/2020. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 24	{N 000}		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees sampled had been screened for communicable diseases, including tuberculosis (TB). Findings include:	N 220		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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N 220	Continued From page 1 The Department of Health Services publication Tuberculosis Screening and Testing: Health Care Personnel (HCP) and Caregivers (including assisted living staff) states: "Perform baseline testing for all HCP and caregivers without documented evidence of prior LTBI [latent tuberculosis] or TB disease... IGRA [blood test] or TST [tuberculin skin test] may be performed; IGRA is preferred... If TST is used as the baseline testing, 2-step testing is recommended for HCP and caregivers who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before hire." (Retrieved 11/25/2024 from https://dhs.wisconsin.gov/publications/p02382.pdf) On 02/10/2026, Surveyor reviewed employee records for Caregiver B, hired 09/01/2025; Caregiver C, hired 07/31/2023; and Caregiver D, hired 01/29/2024. Caregiver B's record did not include documentation of a communicable disease screen or TB screen. Caregiver C's record did not include documentation of a communicable disease screen or TB screen. Caregiver D's record included documentation of a communicable disease screen, dated 01/25/2024, and an incomplete 2-step TB skin test. Caregiver D's record indicated s/he had the 1st step of the TB skin test administered on 01/26/2024, but the 1st step was not read. There was no record of a 2nd TB skin test step completed for Caregiver D. At approximately 1:36 PM, Surveyor interviewed	N 220		

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N 220	Continued From page 2 House Manager (HM) A. HM A stated s/he could not find documentation of a communicable disease or TB screen for either Caregiver B or Caregiver C. HM A stated the record provided for Caregiver D was all s/he had for Caregiver D. At approximately 2:04 PM, Surveyor interviewed Administrator E. Administrator E stated, "you can cite me on TB." Administrator E stated s/he had difficulty getting communicable disease and TB screens completed for staff because of scheduling issues and there being only 1 nurse on staff to complete the screens. The provider did not ensure employees were screened for communicable diseases, including TB, prior to working with residents.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists	N 239		

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N 239	Continued From page 3 residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees sampled completed required department-approved training within 90 days after starting employment. This is a repeat violation. See Statement of Deficiencies (SOD) D7F011, dated 12/04/2020. Findings include: On 02/10/2026, Surveyor reviewed employee training records for Caregiver C, hired 07/31/2023; and Caregiver D, hired 01/29/2024. Caregiver C's record indicated s/he had received fire safety training on 11/21/2023 and first aid and choking training on 04/24/2024. Caregiver D's record indicated s/he had received fire safety training on 11/18/2025. Caregiver D's record did not include documentation that s/he had completed department-approved first aid training. At approximately 1:36 PM, Surveyor interviewed House Manager (HM) A and Activity Director (AD) F. HM A stated s/he did not know why Caregiver C had received fire safety and first aid and choking training courses late. HM A stated s/he was trying to get Caregiver D's training scheduled. AD F stated it was difficult scheduling training for Caregiver D, as s/he worked the night	N 239		

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N 239	Continued From page 4 shift. HM A stated the scheduling issue was "no excuse" for not having the training completed. Neither HM A or AD F indicated any training exemptions for Caregiver C or Caregiver D. The provider did not ensure all employees completed department-approved training courses in fire safety and first aid and choking within 90 days after starting employment.	N 239		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an initial evacuation evaluation was completed within 3 days of admission for 1 of 3 residents sampled. Findings include: On 02/10/2026, Surveyor reviewed records for Resident 1, admitted on 01/26/2026. Resident 1's record did not include documentation of an initial	N 393		

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N 393	Continued From page 5 evacuation evaluation. At approximately 12:36 PM, Surveyor interviewed House Manager (HM) A. HM A stated an initial evacuation assessment had not been completed for Resident 1. HM A stated s/he was responsible for assessments. At approximately 2:04 PM, Surveyor interviewed HM A and Administrator E. Surveyor discussed Resident 1's initial evacuation assessment not getting completed. Administrator E stated it was "an oversight." The provider did not ensure an initial evacuation evaluation was completed for each resident.	N 393		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the clothes dryer at the facility had tubing of a rigid material. Findings include: On 02/10/2026, Surveyor observed the dryer in the facility had a vent that consisted partially of a non-rigid, flexible tubing. The portion of tubing that was non-rigid was approximately 2 feet long	N 488		

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N 488	Continued From page 6 and led from the back of the dryer to a portion of rigid tubing on the wall. At approximately 2:04 PM, Surveyor interviewed Administrator E and asked about the non-rigid dryer vent. Administrator E stated the dryer vent not being of a rigid material may have been a maintenance oversight. The provider did not ensure clothes dryer vent tubing was of a rigid material.	N 488		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire evacuation drills were conducted at least quarterly, and that at least 1	N 525		

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N 525	Continued From page 7 fire evacuation drill simulated the conditions during usual sleeping hours. Findings include: On 02/10/2026, at approximately 11:00 AM, Surveyor requested fire drill documentation for 2025 from House Manager (HM) A. The records provided by HM A included: - A fire evacuation drill dated 04/17/2025 at 3:30 PM. - A fire evacuation drill dated 09/04/2025 at 4:30 PM. At approximately 12:36 PM, Surveyor interviewed HM A. HM A stated there were no other fire drills documented besides what was provided. At approximately 2:04 PM, Surveyor interviewed Administrator E and HM A. Administrator E stated s/he thought there were more fire evacuation drills completed in 2025. Administrator E stated paperwork for safety drills had always been a challenge. Surveyor requested that any further documentation be provided by 5:00 PM. At approximately 4:27 PM, Surveyor received an email from HM A, which included the following records: - A fire evacuation drill dated 01/10/2025 at 10:00 AM. - A fire evacuation drill dated 09/16/2025 at 5:00 PM. The provider did not ensure quarterly fire evacuation drills, to include at least 1 that simulated conditions during usual sleeping hours, were completed in 2025.	N 525		